

VIRGINIA FUELS TAX ALTERNATIVE FUEL SCHEDULE OF RECEIPTS

Read the filing information and instructions on the back.

**Schedule
Number**

LICENSEE INFORMATION

PLEASE PRINT IN INK OR TYPE

Name	FEIN/SSN	Report Month/Year
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LICENSE TYPE
(Check applicable box.)

PRODUCT INFORMATION Check applicable box.
(Complete separate schedules for each product type you received.)

**MODE OF
TRANSPORTATION CODES**

**SCHEDULE
NUMBER CHART**

<input type="checkbox"/> Bulk User of Alternative Fuel <input type="checkbox"/> Provider of Alternative Fuel <input type="checkbox"/> Retailer of Alternative Fuel	<input type="checkbox"/> 224-Compressed Natural Gas <input type="checkbox"/> 225-Liquefied Natural Gas <input type="checkbox"/> 054-Propane <input type="checkbox"/> 092-Other Product Type _____	J - Truck R - Rail S - Ship	PL - Pipeline B - Barge ST - Stationary Transfer BA - Book Adjustment	1 Gallons received tax paid 2 Gallons received tax unpaid 3 Gallons imported into Virginia
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PRODUCT RECEIPT INFORMATION

1 Carrier's Name	2 Carrier's FEIN/SSN	3 Mode	4 Point of Origin Destination	5 Seller's Name	6 Seller's FEIN/SSN	7 Date Received	8 Document Number	11 Billed Gallons

ADDITIONAL LINES FOR DATA ON BACK

TOTAL *(this page only)*

GRAND TOTAL *(all pages)*

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FT447 (Rev. 09/03)

PRODUCT RECEIPT INFORMATION

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TOTAL (this page only)								

INSTRUCTIONS

This schedule provides detail to support the receipt amount(s) shown on your monthly Virginia fuels tax report.

You may submit a schedule to summarize your receipts. Format the summary the same as the Alternative Fuel Schedule of Receipts. Complete separate summary schedules for each product type and group sellers together. If you choose to submit summary schedules, you must still submit the schedules of individual receipts.

- SCHEDULE NUMBER** Enter the schedule number for the product activity you are reporting. *(See Schedule Number Chart on front.)*
- NAME** Enter the name of the company as shown on your monthly Virginia fuels tax report.
- FEIN/SSN** Enter the company's FEIN or SSN as shown on your monthly Virginia fuels tax report.
- REPORT MONTH/YEAR** Enter the month and year for which you are reporting.
- LICENSE TYPE** Check the applicable box for the type of license that your company holds.
- PRODUCT INFORMATION** Check the applicable box for the product type accounted for on this schedule.
- CARRIER'S NAME** Enter the name of the company that transported the product.
- CARRIER'S FEIN/SSN** Enter the FEIN or SSN of the company that transported the product.
- MODE** Enter the code for the mode of transport used to move the product. *(See Mode of Transportation Codes chart on front.)*
- POINT OF ORIGIN** Enter the IRS Terminal Control Number if the product was received from a terminal. Otherwise, enter the city and state where the shipment originated.
- POINT OF DESTINATION** Enter the IRS Terminal Control Number if the product was received into a terminal. Otherwise, enter the city and state where the product was delivered.
- SELLER'S NAME** Enter the name of the company that sold the product to you.
- SELLER'S FEIN/SSN** Enter the FEIN or SSN of the company that sold the product to you.
- DATE RECEIVED** Enter the date *(month, day, and year)* the product was received.
- DOCUMENT NUMBER** Enter the terminal manifest number or pipeline/barge ticket number or bulk plant withdrawal invoice number.
- BILLED GALLONS** Enter the total number of gallons billed.
- TOTAL (this page only)** Enter the sum of these columns for this page of the report.
- GRAND TOTAL (all pages)** Enter the sum of these columns for all pages of this report.